

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT 11-NOV-2011		TIME 14:45:00		2 ADDRESS OF OCCURRENCE [REDACTED]		3 LOCATION CODE 290		4 DEATH OCCUR 0815	
		5 POSITION 9161		6 LAST NAME HENEGHAN		7 FIRST NAME SUSAN G		8 STAR NO. 12515		9 SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
SUBJECT INFORMATION		10 RACE CODE 11 AGE WHI 23-NOV-1985		12 HT 504		13 WT 150		14 DATE OF APPT 08-APR-1985		15 EMPLOYEE NO. [REDACTED]	
		16 UNIT & BEAT OF ASSIGNMENT 008 0824		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
REASON FOR USE OF FORCE (Check all that apply)		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 MI [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE WHI	
		25 DOB [REDACTED]		26 HT 505		27 WT 130		28 ADDRESS 5251 S TRIPP AVE CHICAGO, IL 60632		29 TELEPHONE NO. (773) 582-2532	
WEAPON DISCHARGE INCIDENT		30 WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL		34 BY WHOM? DR. FREDERICK	
		35 CHARGES PLACED [REDACTED]		36 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Attn		37 CB NO. [REDACTED]		38 IR NO. [REDACTED]		39 DNA [REDACTED]	
CASE INFO.		39 SUBJECT'S ACTIONS		40 MEMBER'S RESPONSE		41 SUBJECT'S ACTIONS		42 MEMBER'S RESPONSE		43 SUBJECT'S ACTIONS	
		44 SUBJECT'S ACTIONS		45 MEMBER'S RESPONSE		46 SUBJECT'S ACTIONS		47 MEMBER'S RESPONSE		48 SUBJECT'S ACTIONS	
SIGNATURES		49 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 FIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR		45 MAKE/MANUFACTURER	
		46 MODEL		47 RANGEL LENGTH		48 CALIBER/GAUGE		49 TASER DART ID NO. C310009NR		50 WEAPON SERIAL No. (Include Letter) X00105941	
SIGNATURES		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.	
		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
SIGNATURES		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 FT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63 OTHER (Specify)		64 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65 SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
		66 DID MEMBER USE SIGNS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 SITTING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 OTHER (SPECIFY)		69 PERSON/CULprit STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		70 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)	
SIGNATURES		71 NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR.		72 NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV		73 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		74 REPORTING MEMBER (Print Name) HENEGHAN, SUSAN G		STAR/EMPLOYEE NO. 12515	
		75 SIGNATURE [REDACTED]		76 SIGNATURE [REDACTED]		77 DATE REVIEWED 11-NOV-2011 17:15:41		78 TIME 11-NOV-2011 17:15:41		79 SIGNATURE [REDACTED]	
SIGNATURES		79 REVIEWING SUPERVISOR (Print Name) STANEK, VICTORIA L		STAR NO 2012		SIGNATURE [REDACTED]		DATE REVIEWED 11-NOV-2011 17:15:41		TIME 11-NOV-2011 17:15:41	
		80 REVIEWING SUPERVISOR (Print Name) STANEK, VICTORIA L		STAR NO 2012		SIGNATURE [REDACTED]		DATE REVIEWED 11-NOV-2011 17:15:41		TIME 11-NOV-2011 17:15:41	

CPD-11.377 (REV. 10/07)

From: (3127478545)

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To: 3127453592
11/11/11 05:54 PM

CPD 0022007

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR: 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason):

Subject hospitalized for mental treatment.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information, the officer's action's were in compliance with department directives.

IPRA Johnson 10306 1719hrs

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1048953 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

OSTROWSKI, DONALD J

SIGNATURE

DATE COMPLETED

TIME

11-NOV-2011 17:25:23

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR# THIS EVENT No

2